

| | | | |
|---|----------|----------------|-------------------------|
| TRANSMITTAL FORM <i>(for all correspondence after initial filing)</i> | | Application # | 10/553,032 |
| | | Confirmation # | 6776 |
| | | Filing Date | June 12, 2006 |
| | | First Inventor | ANDERSON |
| | | Art Unit | 1793 |
| | | Examiner | Van Oudenaren, Sarah A. |
| Total number of pages in this submission = | Docket # | P08766US00/BAS | |

ENCLOSURES *(check all that apply)*

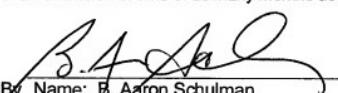
- | | |
|--|--|
| <input checked="" type="checkbox"/> Fees calculated below | <input type="checkbox"/> Reply to Missing Parts/Incomplete Application |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> including Attachment(s) | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> After Final Amendment/Reply | <input type="checkbox"/> Drawing(s) |
| <input type="checkbox"/> including Attachment(s) | <input type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Extension of Time Petition | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

FEES CALCULATION: For claims if required and/or other fees as shown below:

| | NOW | Previously Paid For | Present Extra | Rate | \$ |
|---|-----|---------------------|---------------|------------|------------|
| <input checked="" type="checkbox"/> TOTAL CLAIMS | 22 | - 30 | 0 | X \$ 52 = | 0 |
| <input checked="" type="checkbox"/> INDEPENDENT CLAIMS | 1 | - 3 | 0 | X \$ 220 = | 0 |
| TOTAL OF ABOVE CLAIMS FEES = | | | | | 0 |
| <input type="checkbox"/> Reduction by ½ for small entity status of applicant | | | | | SUBTOTAL = |
| <input checked="" type="checkbox"/> Fee for extension of time (per attached Petition) | | | | | 0 |
| <input type="checkbox"/> Other fee for | | | | | 130 |
| TOTAL OF ALL FEES = | | | | | 130 |

- Payment of \$ 130.00 is made by:
- CREDIT CARD PAYMENT FORM - PTO-2038 submitted concurrently herewith.
 - ELECTRONIC FUNDS TRANSFER - submitted concurrently herewith.
- The Director is authorized to charge any fee, additional fee or extension fee due in connection therewith to Deposit Account No. 12-0555:
- (1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
 - (2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: March 19, 2009



Signed By Name: B. Aaron Schulman
Attorney of Record Registration No.: 31,877

STITES & HARBISON PLLC • 1199 North Fairfax St. • Suite 900 • Alexandria, VA 22314
TEL: 703-739-4900 • FAX: 703-739-9577 • Customer No. 881